

PRIVACY RELEASE AUTHORIZATION

from the Office of
Congressman Sander Levin
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In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Sander Levin, or any member of his staff, to receive information on my behalf from:

Agency: _____

Full Name (printed): _____

Signature: _____ Date: _____

Address: _____

Phone: (H) () -
(W) () -
(Other)() -

FOR ALL MATTERS:

Social Security Number

- -

Date of Birth

/ /
Month Day Year

FOR IMMIGRATION AND NATURALIZATION CASES ONLY:

Alien Registration #: _____

Please briefly describe your concerns in the space provided. You may attach additional pages, and/or copies of pertinent documents. *Please do not send original documents.*
